

Application Data Sheet

Application Information

Application number::	
Filing Date::	04/13/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	THERMOSTAT GASKET CLEANER
Attorney Docket Number::	10628.00094
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Randall
Middle Name:: J.
Family Name:: Ploeger
Name Suffix::
City of Residence:: Clarinda
State or Province of Residence:: IA
Country of Residence:: USA
Street of mailing address:: 715 West Nishna
City of mailing address:: Clarinda
State or Province of mailing address:: IA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 51632

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Alexander
Middle Name::
Family Name:: Serrano
Name Suffix::
City of Residence:: Prairie View
State or Province of Residence:: IL
Country of Residence:: USA
Street of mailing address:: 20733 Elizabeth Avenue
City of mailing address:: Prairie View

State or Province of mailing address:: IL
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 60069

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Louis
Middle Name::
Family Name:: Salamone
Name Suffix::
City of Residence:: Glendale
State or Province of Residence:: AZ
Country of Residence:: USA
Street of mailing address:: 7713 N. 108 Drive
City of mailing address:: Glendale
State or Province of mailing address:: AZ
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 85307

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Lisle Corporation
 Street of mailing address:: 807 East Main Street
 P. O. Box 89
 City of mailing address:: Clarinda
 State or Province of mailing address:: IA
 Country of mailing address:: USA
 Postal or Zip Code of mailing address:: 51632